

Preferred Hospital for Non-Emergent Care

PATIENT REVIEW AND RESTRICTION PROGRAM



What is the Patient Review and Restriction (PRR) Program?

The Patient Review and Restriction (PRR) program is a federal and state Medicaid requirement to control over-utilization and inappropriate use of medical services by clients. This requirement allows restriction of clients to certain providers including Primary Care Providers (PCP), pharmacies, and hospitals. Dual eligible (Medicare/Medicaid) clients can only be restricted to a pharmacy and not a PCP or hospital. The WAC covering PRR is 388-501-0135.

The PRR program focuses on the health and safety of these clients. Many of the clients are seen by several different prescribers, have a high number of duplicative medications, use several different pharmacies, as well as have a high emergency room usage. Based on clinical and utilization findings, clients are placed in the PRR program and restricted for at least two years.

Clients can be restricted to one primary care provider, one pharmacy, one hospital for non-emergent care and/or a combination of these providers. Clients who have been on the PRR program have shown a 48% decrease in emergency use; a 41% decrease in physician visits; and a 29% decrease in the number of prescriptions.

The clients in this program are required to select a primary care provider, a pharmacy, and a hospital for non-emergency care; otherwise MAA will assign primary providers to them.

What is your role in the PRR program?

The hospital, particularly the emergency room staff, is a key player in assisting the client's PCP to more effectively manage the client's care to avoid unnecessary and costly services, especially emergency room services.

Education is a major focus of the PRR program. By being aware of the client's restriction, the hospital can assist in the coordination of care, by referring the client back to their PCP and/or pharmacy, whether treatment is provided or not. Contacting and consulting with the client's PCP ensures that the PCP is made aware of the client's use of services.

We would recommend that you determine a way of flagging your system that indicates a PRR client is restricted to your facility.

PRR staff will keep you updated on the client's utilization of services.

Will hospital restriction affect hospital billing or reimbursement?

No. Restricting a PRR client to your hospital will *not* affect your usual billing or reimbursement processes in any way. Hospitals do not need specific authorization to treat a PRR client. This program is designed to support hospitals by reducing inappropriate emergency room usage.

How are clients assigned to a particular hospital?

Just as with assignment to a Primary Care Provider (PCP) and a pharmacy, the client will be given 20 days to choose a preferred hospital for non-emergent care. Once the client has chosen a hospital, the PRR staff will contact the hospital's "PRR contact staff" to verify that the hospital will accept the client. If any of these providers decline to accept the client or if the client doesn't follow through, PRR staff will find providers willing to accept the client.

The client is *never* assigned a provider unless the provider is willing to accept the client. And, while providers can terminate their PRR relationship with the client with 30-day notice, clients cannot change providers for 12 months.

What happens if a PRR client seeks services at a non-assigned hospital?	<p>If a client shows up at a non-assigned hospital the hospital should follow its usual policy and procedures and bill accordingly.</p> <p>We ask that the hospital contact the client's PCP to ensure the PCP is aware of the services provided. If the client is unable to give the name of a PCP, we ask the hospital to contact the PRR program at 360-725-1780. We will make sure the client's providers are aware of the client's activity.</p>
What happens if the hospital does not contact the client's PCP?	<p>There are no reimbursement or administrative consequences if the hospital does not notify the PCP that the client is seeking services. By being aware of other services sought by the client, the PCP can more effectively manage the client's care, such as decreasing inappropriate/ER visits.</p>
How will a hospital know if a client is on restriction?	<p>The client's PCP, pharmacy, and hospital will be notified in writing that the client has been restricted to them as providers. Clients will also be notified in writing of the restrictions. In addition to the letter, there are three ways a hospital can determine if a client is on restriction.</p> <p>(1) A PRR client will have a Medical Assistance Identification Card with an "X" in the Restriction column. The words "Client on Review" are also printed on the card. This alerts providers that the client has some type of restriction.</p> <p>(2) The Medical Eligibility Verification (MEV) system includes information on a client's restriction, including the name of the providers the client is restricted to.</p> <p>(3) The Rapid 270/271 Transaction system checks eligibility and includes client restriction information. To find out more about this service go to: http://fortress.wa.gov/dshs/maa/dshshipaa.</p>
What if a hospital wants to refer a client for the PRR program?	<p>We welcome referrals. Contact the Exception Case Management Section, as listed below.</p>
How long will the hospital be assigned to the PRR client?	<p>The client is restricted to the PRR program for a minimum of two years. You can terminate the PRR relationship at any time and it will not affect your relationship with MAA or your other MAA clients. However, you need to give the PRR client a 30-day notice and also notify us, at the Exception Case Management Section, so that we can help the client find another hospital. The client may also choose another hospital after 12 months on the program.</p>
How to contact ECM for any questions, concerns:	<p>Exception Case Management Section PO Box 45532 Olympia, Washington 98504-5532 1-800-794-4360, ext. 51780 or (360) 725-1780.</p>